

Patient Name : Mr.RAVICHANDRAN K R	Collected : 18/Jul/2023 08:06AM
Age/Gender : 60 Y 0 M 2 D/M	Received : 18/Jul/2023 11:29AM
UHID/MR No : CBAS.0000052546	Reported : 18/Jul/2023 03:11PM
Visit ID : CINROPV199549	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9686275535	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD-EDTA

HAEMOGLOBIN	8.2	g/dL	13-17	Spectrophotometer
PCV	31.30	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.16	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	61	fL	83-101	Calculated
MCH	15.9	pg	27-32	Calculated
MCHC	26.2	g/dL	31.5-34.5	Calculated
R.D.W	23.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,000	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	60.2	%	40-80	Electrical Impedence
LYMPHOCYTES	26.7	%	20-40	Electrical Impedence
EOSINOPHILS	3.2	%	1-6	Electrical Impedence
MONOCYTES	9.8	%	2-10	Electrical Impedence
BASOPHILS	0.1	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	3010	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	1335	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	160	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	490	Cells/cu.mm	200-1000	Electrical Impedence
BASOPHILS	5	Cells/cu.mm	0-100	Electrical Impedence

PLATELET COUNT

PLATELET COUNT	462000	cells/cu.mm	150000-410000	Electrical impedence
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ERYTHROCYTE SEDIMENTATION RATE (ESR)

ERYTHROCYTE SEDIMENTATION RATE (ESR)	25	mm at the end of 1 hour	0-15	Modified Westergren
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**PERIPHERAL SMEAR**

RBCs: show moderate microcytosis, hypochromia and anisopoikilocytes composed of pencil shaped cells and few target cells. No nucleated RBCs or inclusions.

WBCs: are normal in total number with normal distribution and morphology.

PLATELETS: appear adequate in number.

HEMOPARASITES: Not seen

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**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

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**IMPRESSION: MICROCYTIC HYPOCHROMIC ANEMIA**

Suggested further evaluation with Iron studies and HB Electrophoresis in view of reduced RBC indices, hemoglobin and Mentzers Index less than 13 to rule out Thalessemia Trait.



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**DEPARTMENT OF HAEMATOLOGY**

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**BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD-EDTA**

BLOOD GROUP TYPE	AB			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



SIN No:BED230167289

Patient Name : Mr.RAVICHANDRAN K R	Collected : 18/Jul/2023 08:06AM
Age/Gender : 60 Y 0 M 2 D/M	Received : 18/Jul/2023 11:57AM
UHID/MR No : CBAS.0000052546	Reported : 18/Jul/2023 01:07PM
Visit ID : CINROPV199549	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	115	mg/dL	70-100	HEXOKINASE
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**Comment:**

As per American Diabetes Guidelines

Fasting Glucose Values in mg/d L	Interpretation
<100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , NAF PLASMA	126	mg/dL	70-140	HEXOKINASE
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**Comment:**

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Ref: Marks medical biochemistry and clinical approach

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA	6.8	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA	148	mg/dL		Calculated

**Comment:**

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS >18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 – 6.4
DIAGNOSING DIABETES	≥ 6.5
DIABETICS	
· EXCELLENT CONTROL	6 – 7
· FAIR TO GOOD CONTROL	7 – 8
· UNSATISFACTORY CONTROL	8 – 10
· POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

1. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
2. Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
3. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present. Fructosamine may be used as an alternate measurement of glycemic control



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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	168	mg/dL	<200	CHO-POD
TRIGLYCERIDES	119	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	26	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	142	mg/dL	<130	Calculated
LDL CHOLESTEROL	117.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	23.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	6.45		0-4.97	Calculated

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



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**LIVER FUNCTION TEST (LFT) , SERUM**

BILIRUBIN, TOTAL	0.87	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.15	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.72	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	29	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	32.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	54.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.02	g/dL	6.6-8.3	Biuret
ALBUMIN	3.91	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.11	g/dL	2.0-3.5	Calculated
A/G RATIO	1.26		0.9-2.0	Calculated



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Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM

CREATININE	<b>0.68</b>	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	<b>13.40</b>	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	<b>6.3</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.67	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	8.90	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.31	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	<b>133</b>	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.7	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	101	mmol/L	101–109	ISE (Indirect)





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**DEPARTMENT OF BIOCHEMISTRY**

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	32.00	U/L	<55	IFCC



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Visit ID : CINROPV199549	Status : Final Report
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**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM**

TRI-IODOTHYRONINE (T3, TOTAL)	0.79	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	6.23	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	2.330	µIU/mL	0.35-4.94	CMIA

**Comment:**

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m. In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

Note:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0



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**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM</b>	1.660	ng/mL	<4	CMIA



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**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**COMPLETE URINE EXAMINATION (CUE) , URINE**

**PHYSICAL EXAMINATION**

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue

**BIOCHEMICAL EXAMINATION**

URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE

**CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY**

PUS CELLS	3-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



SIN No:UR2149800

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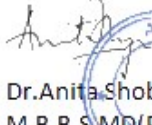
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

**\*\*\* End Of Report \*\*\***

Result/s to Follow:  
PERIPHERAL SMEAR



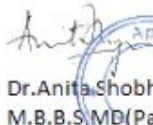
**Dr. Prasanna**  
M.B.B.S, M.D  
Consultant Pathologist



**Dr. Anita Shobha Flynn**  
M.B.B.S MD(Pathology)  
Consultant Pathologist




**DR. SHIV ARAJA SHETTY**  
M.B.B.S, M.D(Biochemistry)  
CONSULTANT BIOCHEMIST



**Dr. Anita Shobha Flynn**  
M.B.B.S MD(Pathology)  
Consultant Pathologist



<b>Name</b> : Mr. Ravichandran K R  <b>Address</b> : Bangalore  <b>Plan</b> : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT	<b>Age</b> : 60 Y  <b>Sex</b> : M	<b>UHID</b> :CBAS.0000052546  <small>*CBAS.0000052546*</small> <b>OP Number</b> :CINROPV199549 <b>Bill No</b> :CINR-OCR-86877 <b>Date</b> : 18.07.2023 07:57
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Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324	
<del>1</del>	<del>URINE GLUCOSE(FASTING)</del>	
<del>2</del>	<del>GAMMA GLUTAMYL TRANSFERASE (GGT)</del>	
<del>3</del>	<del>PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)</del>	
<del>4</del>	<del>HbA1c, GLYCATED HEMOGLOBIN</del>	
<del>5</del>	<del>2D ECHO - 1</del>	
<del>6</del>	<del>LIVER FUNCTION TEST (LFT)</del>	
<del>7</del>	<del>X RAY CHEST PA - 10</del>	
<del>8</del>	<del>GLUCOSE, FASTING</del>	
<del>9</del>	<del>HEMOGRAM + PERIPHERAL SMEAR</del>	
<del>10</del>	<del>ENT CONSULTATION - 7</del>	
<del>11</del>	<del>FITNESS BY GENERAL PHYSICIAN</del>	
<del>12</del>	<del>DIET CONSULTATION</del>	
<del>13</del>	<del>COMPLETE URINE EXAMINATION</del>	
<del>14</del>	<del>URINE GLUCOSE(POST PRANDIAL)</del>	
<del>15</del>	<del>PERIPHERAL SMEAR</del>	
<del>16</del>	<del>ECG - 6</del>	
<del>17</del>	<del>BLOOD GROUP ABO AND RH FACTOR</del>	
<del>18</del>	<del>LIPID PROFILE</del>	
<del>19</del>	<del>BODY MASS INDEX (BMI) - 6</del>	
<del>20</del>	<del>OPHTHAL BY GENERAL PHYSICIAN - 5</del>	
<del>21</del>	<del>RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)</del>	
<del>22</del>	<del>ULTRASOUND - WHOLE ABDOMEN</del>	
<del>23</del>	<del>THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)</del>	
<del>24</del>	<del>DENTAL CONSULTATION - 1</del>	
<del>25</del>	<del>GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) - 10:45 am</del>	

*Phg - 14*

Date : 18-07-2023  
MR NO : CBAS.0000052546

Department : GENERAL  
Doctor :

Name : Mr. Ravichandran K R

Registration No :  
Qualification :

Age/ Gender : 60 Y / Male

Consultation Timing: 07:56

Height : 175-c	Weight : 70.3kg	BMI : 22.85	Waist Circum :
Temp : 98.4	Pulse : 84b/min	Resp : 20b/min	B.P : 116/63

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

Follow up date:

Doctor Signature

## OPHTHAL PRESCRIPTION

PATIENT NAME : Mr. Ravichandran.K.P.

DATE : 18/7/23

UHID NO : 52546

AGE : 60y

OPTOMETRIST NAME: Mr Gowtham M H

GENDER: m

This is to certify that I have examined  
years and findings of his/her eye examination are as follows,

	RIGHT EYE				LEFT EYE			
	SPH	CYL	AXIS	BCVA	SPH	CYL	AXIS	BCVA
Distance	+0.50	—	—	6/6	+0.50	—	—	6/6
Add	+2.50	—	—	NG	+2.50	—	—	NG

PD - RE: \_\_\_\_\_ LE: \_\_\_\_\_

Colour Vision: Normal

Remarks:

  
Apollo clinic Indiranagar



Ravichandran  
ID: 052546

10.07.1963  
60 Years

Male

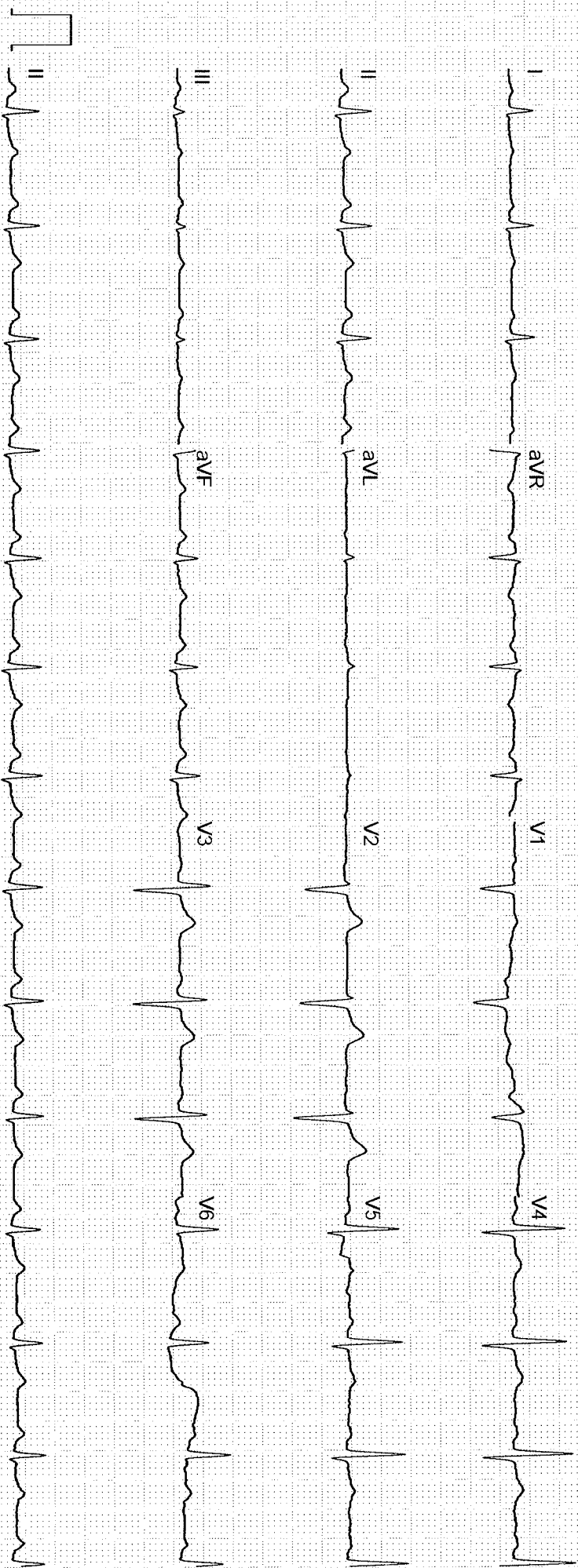
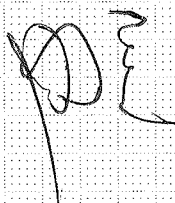
18.07.2023 9:55:05  
APOLLO CLINIC  
INDIRANAGAR  
BANGALORE

Location:  
Room:  
Order Number:  
Indication:  
Medication 1:  
Medication 2:  
Medication 3:

80 bpm  
-- / -- mmHg

QRS : 84 ms  
QT / QTcBaz : 378 / 435 ms  
PR : 158 ms  
P : 116 ms  
RR / PP : 746 / 750 ms  
P / QRS / T : 65 / 45 / 64 degrees

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:



GE MAC2000 1 1 12SL™ V241

25 mm/s 10 mm/mV

ADS 0.56-20 Hz 50 Hz 4X2.5X3\_25\_R1

Unconfirmed

1/1





ಭಾರತ ಸರ್ಕಾರ



ಆಧಾರ್

ಭಾರತೀಯ ಏಕೀಕೃತ ಗುರುತು ಪ್ರಾಧಿಕಾರ

ಭಾರತ ಸರ್ಕಾರ

Unique Identification Authority of India  
Government of India

ಭರ್ತಿ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrolment No.: 1218/13129/02246

To: Rawl Chandran K R

(ಕೂಡಿಸಿದ ಕೆಲಸ)

S/O K H Sannurthy

339

17th C Cross, 10th Main 2nd Stage

Indira Nagar

Bangalore North

Karnataka - 560038

Mobile: 9839275595

Date: 06/12/2011

Ref. No.: 00007643.00146927.00122541-IndiraNagar



UA 08828097 4 IN

ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No.:

**6258 0046 0804**

ಆಧಾರ್ - ಶ್ರೀನಾಮಾನ್ಯನ ಅಧಿಕಾರ



ಭಾರತ ಸರ್ಕಾರ  
GOVERNMENT OF INDIA

ರವಿ ಚಂದ್ರನ್ ಕೆ ಆರ್  
Rawl Chandran K R  
ಕ್ಯೂರ ವರ್ಷ / Year of Birth: 1983  
ಲಿಂಗ / Male



6258 0046 0804



ಆಧಾರ್ - ಶ್ರೀನಾಮಾನ್ಯನ ಅಧಿಕಾರ

**Patient Name** : Mr. Ravichandran K R

**Age/Gender** : 60 Y/M

**UHID/MR No.** : CBAS.0000052546

**OP Visit No** : CINROPV199549

**Sample Collected on** :

**Reported on** : 18-07-2023 19:51

**LRN#** : RAD2050819

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 9686275535

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen

**Dr. PRIYA B**  
**MBBS, MD (Radiology)**  
Radiology

<b>Patient Name</b>	: Mr. Ravichandran K R	<b>Age/Gender</b>	: 60 Y/M
<b>UHID/MR No.</b>	: CBAS.0000052546	<b>OP Visit No</b>	: CINROPV199549
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 18-07-2023 12:31
<b>LRN#</b>	: RAD2050819	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 9686275535		

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**LIVER:** Liver **enlarged** in size(17.0cm.), shape and echopattern.**Minimally increased.** No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

**GALLBLADDER:** Moderately distended. No definite calculi identified. No evidence of abnormal wall thickening noted.

**SPLEEN:** Appears normal in size, shape and echopattern. No focal parenchymal lesions identified.

**PANCREAS:** Obscured by bowel gas. However, the visualized portion appear normal.

**KIDNEYS:** Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.

Right kidney measures10.4x4.7cm.

Left kidney measures12.2x5.5cm.

**URINARY BLADDER:** Distended and appears normal. No evidence of abnormal wall thickening noted.

**PROSTATE:** Prostate is normal in size and echo-pattern.

No free fluid is seen.

#### IMPRESSION:

**HEPATOMEGALY WITH MINIMAL FATTY LIVER.**

**Dr. RAMESH G**  
**MBBS DMRD**  
**RADIOLOGY**